



ATLANTA POLICE DEPARTMENT
Awareness Statement: Truthfulness

OPS

Complaint # _____

This statement form will be completed for every employee, accused or witness, in its entirety by the interviewer, and will be signed by the employee, prior to obtaining a statement for any allegation being investigated by the investigating authority.

I am aware that I may be **dismissed** for a Sustained violation of **APD.SOP.2010, "Employee Work Rule" 4.1.03 (Truthfulness)** which reads:

"Employees will be truthful in their written and spoken words at all times."

Do you understand this statement?

☐ Yes

☐ No

James Longshore

(Employee's Printed Name)

(Employee's Signature)

(Date/Time)

(Interviewer's Printed Name)

(Interviewer's Signature)

(Date/Time)

(Witness Representative's Printed Name)

(Witness/Representative's Signature)

(Date/Time)